

**SECTION 69: BUREAU OF ELDER AND ADULT SERVICES ADMINISTERED
HOMEMAKER SERVICES**

69.01 DEFINITIONS

- (A) **Bureau of Elder and Adult Services Administered Homemaker services**, hereinafter referred to as Bureau of Elder and Adult Services Homemaker, is a state funded program to assist individuals with household or personal care activities that improve or maintain adequate well-being. These services may be provided for reasons of illness, disability, absence of a caregiver, or to prevent adult abuse or neglect. State homemaker funds shall be used to purchase only the covered services that will foster restoration of independence, consistent with the consumer's circumstances and the authorized plan of care. Major service components include homemaker services, chore services, home maintenance services, incidental assistance with personal hygiene and dressing and household management services.
- (B) **Activities of Daily Living. (ADLs) Activities of daily living (ADLs)**. ADLs shall only include the following as defined in Section 69.02 (B) (2) for purposes of eligibility: personal hygiene and dressing.
- (C) **Authorized Agent** means an organization authorized by the Department to perform functions under a valid contract or other approved, signed agreement and is also referred to as the Authorized Homemaker Agency.
- (D) **Authorized plan of Care means** a plan of care which is authorized by the Authorized Agent, or the Department, which shall specify all services to be delivered to a recipient under this Section, including the number of hours for all covered services. The plan of care shall be based upon the recipient's assessment outcome scores, and the timeframes contained therein, recorded in the Department's medical eligibility determination (MED) form. The Authorized Agent has the authority to determine and authorize the plan of care. All authorized covered services provided under this Section must be listed in the care plan summary on the MED form.
- (E) **Care Plan Summary** is the section of the MED form that documents the Authorized Plan of Care and services provided by other public or private program funding sources or support, service category, reason codes, duration, unit code, number of units per month, rate per unit, and total cost per month.
- (F) **Cognitive capacity:** The consumer must have the cognitive capacity, as measured on the MED form, to be able to "self direct" the attendant in the ~~voucher~~ self-directed option outlined in Section 69.02 (B) (3). This capability will be determined by the Authorized Agent as part of the eligibility determination using the Medical Eligibility Determination (MED) findings. Minimum MED form scores are (a) decision making skills: a score of 0 or 1; (b) making self understood: a score of 0,1, or 2; (c) ability to understand others: a score of 0,1, or 2; (d) self performance in managing finances: a score of 0,1,or 2; ~~(e) managing finances self performance: a score of 0,1,2, or 3;~~ and (f e) support in managing finances support, a score of 0,1,2, or 3. An applicant not meeting the specific scores will

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be presumed incapable of hiring, firing, training, and supervising the homemaker under the ~~voucher~~ self-directed plan of care.

- (G) **Covered Services** are those services for which payment can be made by the Department, under Section 69 of the Bureau of Elder and Adult Services policy manual.
- (H) **Dependent Allowances.** Dependents and dependent allowances are defined and determined in agreement with the method used in the MaineCare program. The allowances are changed periodically and cited in the MaineCare Eligibility Manual, ~~Chart II, AFDC Related Income Limits~~ TANF, Standard of Need Chart. Dependents are defined as individuals who may be claimed for tax purposes under the Internal Revenue Code and may include a minor or dependent child, dependent parents, or dependent siblings of the consumer or consumer's spouse. A spouse may not be included.
- (I) **Disability-related expenses:** Disability-related expenses are out-of-pocket costs incurred by the consumers for their disability, which are not reimbursed by any third-party sources. They include:
- (1) Home access modifications: ramps, tub/shower modifications and accessories, power door openers, show seat/chair, grab bars, door widening, environmental controls;
 - (2) Communication devices: adaptations to computers, speaker telephone, TTY, Personal Emergency Response systems;
 - (3) Wheelchair (manual or power) accessories: lab tray, seats and back supports;
 - (4) Vehicle adaptations: adapted carrier and loading devices, one communication device for emergencies (limited to purchase and installation), adapted equipment for;
 - (5) Hearing Aids, glasses, adapted visual aids;
 - (6) Assistive animals (purchase only);
 - (7) Physician ordered medical services and supplies;
 - (8) Physician ordered prescription and over the counter drugs; and
 - (9) Medical insurance premiums, co-pays and deductibles.
- (J) **Household members:** means the consumer and spouse
- (K) **Household members' income** includes:
- (1) Wages from work, including payroll deductions, excluding state and Federal taxes and employer mandated or court ordered withholdings;
 - (2) Benefits from Social Security, Supplemental Security Insurance, pensions, insurance, independent retirement plans, annuities, and Aid and Attendance;
 - (3) Adjusted gross income from property and/or business, based on the consumer's most recent Federal income tax; and
 - (4) Interest and dividends.
 - (5) Not included are benefits from: the Home Energy Assistance Program, Food Stamps, General Assistance, Property Tax and Rent Refund, emergency assistance programs, or their successors.

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- (L) **Instrumental activities of daily living (IADLs)** ~~Instrumental Activities of Daily Living (IADL)~~; For purposes of the eligibility criteria and covered services under this section of policy, IADLS are limited to the following as defined by Section 69.02(B)(1): main meal preparation: preparation or receipt of the main meal; routine housework; grocery shopping and storage of purchased groceries; and laundry either within the residence or at an outside laundry facility.
- (M) **Limited Assistance** means the individual was highly involved in the activity over the past seven days, or 24 to 48 hours if in a hospital setting, but received and required
- guided maneuvering of limbs or other non-weight bearing physical assistance three or more times or
 - guided maneuvering of limbs or other non-weight bearing physical assistance three or more times plus weight-bearing support provided only one or two times.
- (N) **Liquid asset** is something of value available to the consumer that can be converted to cash in three months or less and includes:
- (1) Bank accounts;
 - (2) Certificates of deposit;
 - (3) Money market and mutual funds;
 - (4) Life insurance policies;
 - (5) Stocks and bonds;
 - (6) Lump sum payments and inheritances and
 - (7) Funds from a home equity conversion mortgage that are in the consumer's possession whether they are cash or have been converted to another form.
- Funds which are available to the consumer but carry a penalty for early withdrawal will be counted minus the penalty. Exempt from this category are mortuary trusts and lump sum payments received from insurance settlements or annuities or other such assets named specifically to provide income as a replacement for earned income. The income from these payments will be counted as income.
- (O) **Medical Eligibility Determination (MED) Form** shall mean the form approved by the Department for medical eligibility determinations and service authorization for the plan of care based upon the assessment outcome scores. The definitions, scoring mechanisms and time frames relating to this form as defined in Section 69 provide the basis for services and the care plan authorized by the Authorized Agent. The care plan summary contained in the MED form documents the authorized care plan to be implemented by the homemaker agency. The care plan summary also identifies other services the recipient is receiving, in addition to the authorized services provided under this Section.
- (P) **One-person Physical Assist** requires one person over last seven (7) days or 24-48 hours if in a hospital setting, to provide either weight-bearing or non-weight bearing assistance for an individual who cannot perform the activity independently. This does not include cueing.
- (Q) **Voucher Self- Directed Option**: ~~Voucher~~ The self-directed option means payments made directly to adults to enable them to purchase covered homemaker services pursuant to Section 69.04.

69.02 Eligibility

(A) General and Specific Requirements. To be eligible for services a consumer must:

- (1)** Be at least ~~48~~ 60;
- (2)** Live in Maine;
- (3)** Lack sufficient personal and/or financial resources for homemaker services;
- (4)** Be ineligible for MaineCare long-term care benefits with the exception of of MaineCare Adult Day Health;
- (5)** Not be participating in a program for long-term care services under Section 62: Congregate Housing Services, Section 63 In Home Community Based Support Services or the Consumer-Directed Home Based Care program enacted by 26 MRSA Section 1412-G.
- (6)** For an individual have assets of no more than \$50,000 or for couples have assets of no more than \$75,000;
- (7)** Not be residing in a hospital, residential care, assisted living or nursing facility; and
- (8)** Consumer or legal representative agrees to pay the monthly calculated consumer payment.

(B) Medical and Functional Eligibility Requirements

Applicants for services under this section must meet the eligibility requirements as set forth in Section 69.02-B and documented on the Medical Eligibility Determination (MED) form conducted by the Authorized Homemaker Agency. Medical eligibility will be determined using the MED form as defined in Section 69.01(O). A person meets the medical eligibility requirements for Homemaker Services if he or she needs assistance in self performance and physical assist in support with at least three of the following IADLs:

- (1)** Instrumental activities of daily living (IADLs) are regularly necessary home management activities listed below:
 - (a)** Daily instrumental activities of daily living (within the last 7 days):
 - (i)** main meal preparation: preparation or receipt of main meal;
 - (b)** Other instrumental activities of daily living (within the last 14 days):
 - (i)** routine housework: includes, but is not limited to vacuuming, cleaning of floors, trash removal, cleaning bathrooms and appliances;
 - (ii)** grocery shopping: shopping for groceries and storage of purchased food or prepared meals;
 - (iii)** laundry: doing laundry in home or out of home at a laundry facility; or
- (2)** Need limited assistance in self-performance and one person physical assist in support with one Activity of Daily Living from the items below:
 - (a)** Activities of Daily Living:
 - (i)** Personal Hygiene: how a person maintains personal hygiene, (excludes baths and showers, includes washing face, hands,

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- perineum, combing hair, shaving, ~~and~~ brushing teeth, shampoo and nail care)
- (ii) Dressing: How person puts on, fastens, and takes off all items of street clothing, including donning/removing prosthesis

AND one of the following:

- (b) **Instrumental activities of daily living (IADLs)** are regularly necessary home management activities listed below:
- (i) Daily instrumental activities of daily living (within the last 7 days):
- (aa) main meal preparation: preparation or receipt of main meal;
or
- (ii) Other instrumental activities of daily living (within the last 14 days):
- (aa) routine housework: includes, but is not limited to vacuuming, cleaning of floors, trash removal, cleaning bathrooms and appliances; or
- (bb) grocery shopping: shopping for groceries and storage of purchased food or prepared meals; or
- (cc) laundry: doing laundry in home or out of home at a laundry facility.
- (3) **~~VOUCHER~~Self-Directed Option.** Consumers or their surrogates may arrange for and manage their own services using ~~a voucher~~ the self-directed option provided by the Authorized Homemaker agency. Except as noted below, all other requirements of Section 69 apply to consumers using the self-directed ~~voucher~~ option.
- (a) **Eligibility.** To be eligible for the self-directed ~~voucher~~ option consumers must meet the requirements listed in Section 69.02(A) and (B) and the requirements either in this Section (a) or (b) below. The consumer:
- (i) must not have a guardian or conservator;
- (ii) must have the cognitive capacity, measured on the MED form, as defined in Section 69.01 (~~OF~~) to be able to self-direct the services. The authorized agent as part of the assessment will determine this capability; ;
- (iii) is willing to meet all program requirements including documentation of services delivered;
- (iv) agrees to complete a minimum of 2 hours of instruction prior to beginning the ~~voucher~~ self-directed option on the rights, risks, and responsibilities of the ~~voucher~~ self-directed option; ; and
- (v) Agrees to complete a criminal background check and verify for any homemaker, PCA or certified nursing assistant hired whether there is a notation on the CNA Registry and comply with Section 69.07 (A) of this Section.

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- (b) For a consumer who does not qualify under ~~(4a)~~ a surrogate may request to act on behalf of the consumer. Consumers with cognitive capacity also may choose to designate a surrogate to act on his/her behalf. The Authorized Homemaker Agent may authorize a surrogate to act on behalf of the consumer if the surrogate:
- (i) Is at least 18 years old;
 - (ii) Has the cognitive capacity to arrange for and direct services;
 - (iii) Is not the consumer's paid caregiver;
 - (iv) Shows a strong personal commitment to the consumer;
 - (v) Shows knowledge about the consumer's preferences;
 - (vi) Agrees to visit the consumer at least every two (2) weeks
 - (vii) Is willing to meet all program requirements including documentation of services delivered and a visit every two weeks ~~visits~~ to the consumer;
 - (viii) Agrees to complete a criminal background check and verify for any homemaker, PCA or certified nursing assistant hired whether there is a notation on the CNA registry and comply with Section 69.07(A) of this Section; ~~and~~
 - (aa) ~~Any criminal convictions, except for Class D and E convictions over ten (10) years old that did not involve, as a victim of the act, a patient, client, or resident of a health care entity; and/or~~
 - (bb) ~~Any specified documented findings by the State Survey Agency of abuse, neglect or misappropriation of property of a resident, client or patient.~~
 - (ix) Agrees to complete a minimum of 2 hours of instruction prior to beginning the ~~voucher~~ self-directed option on the rights, risks, and responsibilities of the ~~voucher~~ self-directed option.
- (c) **Homemaker Coordination.** The homemaker agency will:
- (i) Provide instruction to consumer or surrogate on the skills needed to hire, train, and schedule, supervise, and document the provision of services identified in the authorized plan of care;
 - (ii) Establish a monthly cost limit based on the authorized plan of care;
 - (iii) Explain the payment method used in the ~~voucher~~ self-directed option to the consumer or surrogate;
 - (iv) Reimburse the consumer monthly an amount that is not more than the actual cost of services provided, up to the cap established in the authorized plan of care, less any applicable consumer co-payment
 - (v) Provide face-to-face supervision every six months; and
 - (vi) Provide the consumer with information, about the Long-term Care Ombudsman Program and Adult Protective Services.
- (d) **Termination.** When there is documentation that a consumer or the consumer's surrogate is no longer able to self-direct their services, chooses to no longer self-direct their services, or no longer meets the eligibility requirements for the ~~Voucher~~ Self-Directed Option, the Authorized Homemaker Agency will

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terminate the ~~voucher~~ self-directed option. Management and direction of services will then resume with the Authorized Homemaker Agency.

69.03 Duration of Services

- (A) Each Bureau of Elder and Adult Services Homemaker recipient may receive as many covered services as are required up to a maximum of ten (10) hours per month. Homemaker coverage of services under this Section requires prior authorization from the Department or its Authorized Agent. Beginning and end dates of an individual's eligibility determination period correspond to the beginning and end dates for Bureau of Elder and Adult Services Homemaker coverage of the plan of care authorized.
- (B) Services under this Section may be suspended, reduced, denied or terminated by the Department, or the Authorized Homemaker Agency, as appropriate, for the following reasons:
- (1) The consumer does not meet eligibility requirements;
 - (2) The consumer declines services;
 - (3) The consumer is eligible to receive long-term care benefits under MaineCare including any MaineCare Special Benefits, with the exception of MaineCare Adult Day Health;
 - (4) The consumer is eligible to receive services and funds are available for services under Section 63: In Home and Community Based Support Services or the Consumer-Directed Home Based Care Program enacted by 26 MRSA Section 1412-G, unless the consumer is a current recipient and there is a waiting list for services under Section 69;
 - (5) Based on the consumer's most recent MED assessment, the plan of care is reduced to match the consumer's needs as identified in the reassessment and subject to the limitations of the program;
 - (6) The health or safety of individuals providing services is endangered;
 - (7) Services have been suspended for more than thirty (30) days;
 - (8) The consumer has failed to make his/her calculated monthly co-payment;
 - (9) When the consumer or designated representative gives fraudulent information to Department or the Authorized Homemaker Agent; or
 - (10) There are insufficient funds to continue to pay for services for all current consumers, which results in a change affecting some or all consumers.

Notice of intent to reduce, deny, or terminate services under this section will be done in accordance with Section 40.01 (A) of this policy manual.

(C) Suspension. Services may be suspended for up to thirty (30) days while the consumer is hospitalized or using institutional care. If such circumstances extend beyond thirty (30) days, the recipient may be reassessed to determine eligibility if the provider determines there has been a significant change.

~~Notice of intent to reduce, deny, or terminate services under this section will be done in accordance with Section 40.01 (A) of this policy manual.~~

69.04 Covered Services

Covered services are available for individuals meeting the eligibility requirements set forth in Section 69.02. All covered services require prior authorization by the Department, or its Authorized Homemaking Agent, consistent with these rules, and are subject to the limits in Section 69.03. The Authorized Plan of Care shall be based upon the recipient's assessment outcome scores recorded on the Department's Medical Eligibility Determination (MED) form, its definitions, and the timeframes therein and the task time allowances defined in the appendix to this section.

Services provided must be required for meeting the identified needs of the individual, based upon the outcome scores on the MED form, and as authorized in the plan of care. Coverage will be denied if the services provided are not consistent with the consumer's authorized plan of care. The Department may also recoup payment for inappropriate services provision, as determined through post payment review. The Authorized Homemaker Agent has the authority to determine the plan of care, which shall specify all services to be provided, including the number of hours for homemaking covered service.

The Task Time Allowances set forth in the appendix to this section must be used to determine the time needed to complete authorized ADL and IADL tasks for the plan of care, not to exceed the program cap specified elsewhere in this section. These allowances reflect the time normally required to accomplish the listed tasks. These allowances will be used when authorizing a consumer's plan of care. If these times are not sufficient when considered in light of a consumer's extraordinary circumstances as identified by the Authorized Homemaker Agent, the Authorized Agent may make an appropriate adjustment up to the maximum cap. Time authorized must consider the concurrent nature of the homemaking activities. Services listed in the Task Time allowances which are not covered services under this section cannot be authorized.

(A) Covered Service Elements

- (1) Routine household care, including sweeping, washing and vacuuming of floors, dusting, cleaning of plumbing fixtures (toilet, tub, sink), appliance care, changing of linens, refuse removal;
- (2) Doing laundry within the residence or outside the home, including washing and drying of clothing and household linens such as sheets, towels, blankets, etc.;
- (3) Meal planning/preparation;
- (4) Shopping, errands, and storage of purchased groceries;
- (5) Chore services including, but not limited to occasional heavy-duty cleaning, raising and lowering of combination screen/storm windows,

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repairs and similar minor tasks to eliminate safety hazards in the environment; ~~lawn mowing or snow shoveling;~~

- (6) Incidental personal hygiene, defined as how the person maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, and washing/drying back and feet;
- (7) Incidental help with dressing that includes how the person puts on, fastens, and takes off all items of clothing; ~~including the donning and removal of stockings and/or socks.~~
- (8) Transportation services necessary to perform covered services described in a beneficiary's plan of care, such as medical appointments.
Reimbursement shall only be made for mileage in excess of ten (10) miles per single trip on a one way trip. Any individual providing transportation must hold valid State of Maine driver's license for the type of vehicle being operated. All providers of transportation services shall maintain adequate liability insurance coverage for the type of vehicle being operated.

69.05 Non Covered Services

The following services are not reimbursable under this Section:

- (1) Rent;
- (2) Services for which the cost exceeds the limits described in Section 69.03;
- (3) Homemaker services (defined in 69.04 (A)) delivered in an Adult Family Care Home setting, licensed Assisted Housing Program Living, Residential Care or Nursing Facility which is reimbursed for providing homemaker services. It is the responsibility of the Assisted Housing Living Provider to deliver homemaker services;
- (4) Services provided by a personal care assistant or homemaker for whom there is a notation on the CNA registry of
 - (a) Any criminal convictions, except for Class D and E convictions over ten (10) years old that did not involve, as a victim of the act, a patient, client, or resident of a health care entity; or
 - (b) Any specified documented findings by the State Survey Agency of abuse, neglect or misappropriation of property of a resident, client or patient.
- (5) Those services which can be reasonably obtained by the consumer by going outside his/her place of residence.

69.06 POLICIES and PROCEDURES

(A) Eligibility Determination

An eligibility assessment, using the Department's approved MED assessment form, shall be conducted by the Department, the Assessing Services Agency or the Authorized Homemaker Agent. All Homemaker services require eligibility determination and prior authorization by the Authorized Homemaker Agency.

- (1) The Authorized Homemaker Agent will accept verbal or written referral

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information on each prospective new consumer, to determine appropriateness for an assessment. When funds are available, appropriate consumers will receive a face to face medical eligibility determination assessment, at their current residence, within five (5) days of the date of referral to the Authorized Homemaker Agent, ~~where the consumer is currently residing~~. All requests for assessments shall be documented indicating the date and time the assessment was requested and all required information provided to complete the request.

- (2) The Authorized Homemaker Agent ~~form~~ shall inform the consumer of available community resources and authorize a plan of care that reflects the identified needs documented by scores and timeframes on the MED form, giving consideration to the consumer's living arrangement, informal supports, and services provided by other public funding sources. Homemaker services provided to two or more consumers sharing living arrangements shall be authorized by the Authorized Homemaker Agent with consideration to the economies of scale provided by the group living situation according to limits in Section 69.03.
- (3) The Authorized Homemaker Agent shall authorize a plan of care based upon the scores and findings recorded in the MED assessment. The covered services to be provided ~~in accordance with~~ shall not exceed the monthly financial caps established by Bureau of Elder and Adult Services. The eligibility period for the consumer, shall not exceed six (6) months.
- (4) The Homemaker agent will provide a copy of the authorized plan of care, in a format understandable by the average reader, a copy of the eligibility notice, and release of information to the consumer at the completion of the assessment. The Authorized Agent will inform the consumer of the calculated co-payment based on the cost of services authorized.

(B) **Waiting List**

- (1) When units are not available to serve all prospective consumers, the Authorized Homemaker Agent will establish a waiting list for assessment. As units become available, consumers will be assessed on a first come, first served basis.
- (2) For consumers found ineligible for homemaker services the Authorized Homemaker Agent will inform each consumer of alternative services or resources, and offer to refer the person to those other services.
- (3) When units are not available to serve new consumers who have been assessed and determined eligible or to increase services for current consumers, a waiting list will be established by the ~~h~~Homemaker Agent. As units become available consumers will be taken off the list and served on a first come, first served basis.
- (4) The Homemaker Agency will maintain one waiting list for the counties they are authorized to serve.

(C) **Suspension**. Services may be suspended for up to thirty (30) days while the consumer is hospitalized or using institutional care. If such circumstances extend beyond thirty (30) days, the recipient may be reassessed to determine eligibility if the provider determines there has been a significant change.

(~~E~~ D) **Reassessment and Continued Services**

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- (1) For all recipients under this section, in order for the reimbursement of services to continue uninterrupted beyond the approved classification period, a reassessment and prior authorization of services is required and must be conducted no later than the reassessment date. Homemaker payment ends with the reassessment date, also known as the end date.
- (2) An individual's specific needs for Homemaker Services are reassessed at least every six months;
- (3) For consumers currently under the appeal process, reassessments will not be conducted.

69.07 Professional and Other Qualified Staff

- (A) The Homemaker Agency shall:
 - (1) Employ staff qualified by training and/or experience to perform assigned tasks and meet the applicable policy requirements.
 - (2) Comply with requirements of 22 M.R.S.A. §3471 et seq. and 22 M.R.S.A. §4011-4017 to report any suspicion of abuse, neglect or exploitation.
 - (3) Pursue other sources of reimbursement for services prior to the authorization of Homemaker services.
 - (4) Operate and manage the program in accordance with all requirements established by rule or contract.
 - (5) Have sufficient financial resources, other than State funds, available to cover any Homemaker expenditures that are disallowed as part of the Bureau of Elder and Adult Services utilization review process.
 - (6) Inform in writing any consumer with an unresolved complaint regarding their services about how to contact the Long Term Care Ombudsman.
 - (7) Assure that costs to Homemaker services provided to a consumer in a twelve-month period do not exceed the applicable annual number of hours established by the Bureau of Elder and Adult Services.
 - (8) Implement an internal system to assure the quality and appropriateness of assessments to determine eligibility and authorize homemaker services including, but not limited to the following:
 - (a) Consumer satisfaction surveys;
 - (b) Documentation of all complaints, by any party including and any resolution action taken;
 - (c) Measures taken by the Authorized Homemaker Agent to improve services as identified in (a) and (b).
 - (9) Contact each consumer quarterly to verify receipt of services, discuss consumer's status, review any unmet needs and provide appropriate follow-up and referral to community resources.
 - (10) Participate in the QARC meetings as required by Bureau of Elder and Adult Services

69.08 Consumer Records and Program Reports

- (A) **Content of Consumer Records.** The homemaker agency must establish and maintain a record for each consumer that includes at least:

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- (1) The consumer's name, address, mailing address if different, and telephone number;
 - (2) The name, address, and telephone number of someone to contact in an emergency;
 - (3) Complete medical eligibility determination form and financial assessments and reassessments that include the date they were done and the signature of the person who did them;
 - (4) A care plan summary that promotes the consumer's independence, matches needs identified by the scores and timeframes on the MED form and on the care plan summary on the MED form, with consideration of other formal and informal services provided and which is reviewed no less frequently than semiannually. The service plan includes:
 - (a) Evidence of the consumer's participation;
 - (b) Who will provide what service, when and how often, the reason for the service and when it will begin and end;
 - (c) The signature of the person who determined eligibility and authorized a plan of care; ~~and~~
 - (5) A dated release of information signed by the consumer that conforms with applicable law, is renewed annually and that:
 - (a) Is in language the consumer can understand;
 - (b) Names the agency or person authorized to disclose information
 - (c) Describes the information that may be disclosed;
 - (d) Names the person or agency to whom information may be disclosed;
 - (e) Describes the purpose for which information may be disclosed; and
 - (f) Shows the date the release will expire.
 - (6) **Documentation that consumers eligible to apply for a waiver for consumer payments**, were notified, that a waiver may be available;
 - (7) Written progress notes that summarize any contacts made with or about the consumer and:
 - (a) The date the contact was made;
 - (b) The name and affiliation of the person(s) contacted or discussed the service plan includes
 - (c) Any changes needed and the reasons for the changes in the plan of care;
 - (d) The results of contacts or meetings and, if applicable, quality assurance review committee (QARC) meetings; and
 - ~~(C)~~(e) The signature and title of the person making the note and the date the entry was made.
- (B) **Program Reports.** The following reports must be submitted to Bureau of Elder and Adult Services, in a format approved by the Bureau of Elder and Adult Services, by the day noted:

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- (1) Monthly service and consumer reports including admissions, discharges and active client lists, due no later than twenty days after the end of the month;
- (2) Quarterly fiscal reports, due no later than twenty days after the end of the month;
- (3) Quarterly and annual demographic reports, due no later than twenty five days after the end of the quarter.

69.09 RESPONSIBILITIES OF THE BUREAU OF ELDER AND ADULT SERVICES

- (A) **Selection of Authorized Agents.** To select Authorized Agencies, the Bureau of Elder and Adult Services will request proposals by publishing a notice in Maine's major daily newspapers. The notice will summarize the detailed information available in a request for proposals (RFP) packet and will include the name, address, and telephone number of the person from whom a packet and additional information may be obtained. The packet will describe the specifications for the work to be done.
- (B) **Other Responsibilities of the Bureau of Elder and Adult Services.** The Bureau of Elder and Adult Services is responsible for:
- (1) Setting the annual individual care plan hour limit.
 - (2) Establishing performance standards for contracts with the authorized homemaker agency agencies including but not limited to the numbers of consumers to be served and allowable costs for administration and direct service.
 - (3) Conducting or arranging for quality assurance reviews that will include record reviews and home visits with Homemaker consumers.
 - (4) Establishing and maintaining regional quality assurance review committees (QARC).
 - (a) The QARC is responsible for:
 - (i) Making recommendations for policy changes to the Authorized Agent and the Bureau of Elder and Adult Services;
 - (ii) Reviewing randomly selected cases and make recommendations for improving quality of care and outcomes for the consumer. The QARC may review additional cases chosen by the staff;
 - (iii) Meeting as often as necessary, but at least four times annually;
 - (iv) Using Procedures that insure consumer confidentiality.
 - (b) The QARC shall have at least six (6) members, and must elect a chairperson who is not an employee of the Assessing Services Agency, Home Care Coordinating Agency or State Agency. Bureau of Elder and Adult Services is responsible for scheduling, notifying and recruiting new members, documenting and

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distributing the meeting minutes and case review summaries to all members. Membership on the QARC must include:

- (i) The home care coordinating staff;
 - (ii) The assessing services agency staff;
 - (iii) Service providers;
 - (iv) Consumers or consumer caregivers;
 - (v) Agencies/organizations that have an interest in elderly or other adults; and
 - (vi) Bureau of Elder and Adult Services staff.
- (5) Providing training and technical assistance.
 - (6) Providing written notification to the homemaker agencies regarding strengths, problems, violations, deficiencies or disallowed costs in the program and requiring action plans for corrections.
 - (7) Assuring the continuation of services if the Bureau of Elder and Adult Services determines that an Authorized Homemaker Agent's contract must be terminated.
 - (8) Administering the program directly in the absence of a suitable Authorized Homemaker Agent.
 - (9) Conducting a request for proposals for authorized homemaker agents at least every five years thereafter.
 - (10) At least annually, review randomly selected requests for waivers of consumer payment.
 - (11) Recouping Homemaker funds from the agencies when Bureau of Elder and Adult Services determines that funds have been used in a manner inconsistent with these rules or the Authorized Homemaker Agent's contract.

69.10 Consumer Payment

- (A) **Consumer Payment.** Except if they have been granted a waiver, consumers will pay 20% of the cost of services.
- (B) **Waiver of Consumer Payment** Consumers will be informed that they may apply for a waiver of all or part of the assessed payment when:
 - (1) Monthly income of household members, as defined in Sections 69.01 (J) and 69.01 (K) is no more than 200% of the federal poverty level; and
 - (2) Allowable expenses, as defined in Section 69.01(I), plus the consumer payment would exceed the sum of monthly income. The agency may require the consumer and his/her spouse to produce documentation of income.
 - (3) Calculation of the waiver of the consumer payment will be completed by the authorized Homemaker Agent following the process described in Section 63.12

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APPENDIX TO Sec 69 TASK TIME ALLOWANCES - Activities of Daily Living

Activity	Definitions	Time Estimates		Considerations
Bed Mobility	How person moves to and from lying position, turns side to side and positions body while in bed.	5 – 10 minutes		Positioning supports, cognition, pain, disability level.
Transfer	How person moves between surfaces – to/from: bed, chair, wheelchair, standing position (EXCLUDE to/from bath/toilet).	5 – 10 minutes up to 15 minutes		Use of slide board, gait belt, swivel aid, supervision needed, positioning after transfer, cognition. Mechanical Lift transfer
Locomotion	How person moves between locations in his/her room and other areas on same floor. If in wheelchair, self-sufficiency once in chair.	5 - 15 minutes (Document time and number of times done during POC)		Disability level, Type of aids used Cognition Pain
Dressing & Undressing	How person puts on, fastens and takes off all items of street clothing, including donning/removing prosthesis.	20 - 45 minutes		Supervision, disability, cognition, pain, type of clothing, type of prosthesis.
Eating	How person eats and drinks (regardless of skill)	5 minutes		Set up, cut food and place utensils.
		30 minutes		Individual is fed.
		30 minutes		Supervision of activity due to swallowing, chewing, cognition issues
Toilet Use	How person uses the toilet room (or commode, bedpan, urinal); transfers on/off toilet, cleanses, changes pad, manages ostomy or catheter and adjusts clothes.	5 -15 minutes/use		Bowel, bladder program Ostomy regimen Catheter regimen Cognition
Personal Hygiene	How person maintains personal hygiene. (EXCLUDE baths and showers)	Washing face, hands, perineum, combing hair, shaving and brushing teeth	20 min/day	Disability level, pain, cognition, adaptive equipment.
		Shampoo (only if done separately)	15 min up to 3 times/ week	
		Nail Care	20 min/week	
Walking	a. How person walks for exercise only b. How person walks around own room c. How person walks within home d. How person walks outside	Document time and number of times in POC, and level of assist is needed.		Disability Cognition Pain Mode of ambulation (cane) Prosthesis needed for walking
Bathing	How person takes full-body bath/shower, sponge bath (EXCLUDE washing of back, hair), and transfers in/out of tub/shower	15 - 30 minutes		If shower used and shampoo done then consider as part of activity. Cognition

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APPENDIX TO Sec 69

TASK TIME ALLOWANCES - IADL = Instrumental Activities of Daily Living

Activity	Definitions	Time Estimates	Considerations
Light meal, lunch & snacks	Preparation and clean up	5 – 20 minutes	Consumer participation; type of food preparation; number of meals in POC and preparation for more than one meal.
Main Meal Preparation	Preparation and clean up of main meal.	20 - 40 minutes	Is Meals on Wheels being used? Preparation time for more than one meal and consumer participation.
Light Housework/ Routine Housework	Dusting, picking up living space Kitchen housework- put the groceries away, general cleaning Making/changing beds Total floor care all rooms and bathrooms Garbage/trash disposal Non-routine tasks, outside chores, seasonal	30 min – 1.5 hr/week	Size of environment Consumer needs and participation. Others in household
Grocery Shopping	Preparation of list and purchasing of goods.	45 min - 2 hours/week	Other errands included: bills, banking and pharmacy. Distance from home.
Laundry	Sort laundry, wash, dry, fold and put away.	In-home 30 minutes/load 2 loads/week	Other activities which can be done if laundry is done in the house or apartment.
		Out of home 2 hours/week	